

## Healthcare Worker Return to Work Guidance After COVID-19 Illness or Exposure

March 26, 2020

The following guidance should be used to make decisions about “return to work” for healthcare personnel (HCP):

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

Decisions about “return to work” for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.). Return to work recommendations are determined based on the status of the HCP (below).

- Symptomatic HCPs with confirmed COVID-19 or suspected COVID-19 can return to work after:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
  - At least 7 days have passed *since symptoms first appeared*
- Asymptomatic HCPs with confirmed COVID-19 can return to work after:
  - At least 7 days have passed since the positive laboratory test and the HCP remains asymptomatic.
  - Note, asymptomatic HCPs who test positive and later develop symptoms should follow the guidance for symptomatic HCPs above
- Asymptomatic HCPs who were exposed to a person with COVID-19 without appropriate PPE can return to work after:
  - Their 14-day home quarantine period has ended, i.e. 14 days have passed since the last exposure without appropriate PPE (mask, eye cover or face shield, gloves. Gown and respirator (e.g., N95) should be used during aerosol generating procedures). For PPE guidance: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
  - If this HCP is tested for COVID-19 during the 14 day quarantine period, a negative test result would require the HCP to complete the 14 day period, and a positive test would move the HCP provider into one of the above categories, based on whether they are still asymptomatic or have symptoms.
  - Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after all options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities should have the exposed HCP wear a facemask while at work for the 14 days after the exposure event. If HCP develops even mild

symptoms consistent with COVID-19, they must cease patient care activities, and leave work (after notifying their supervisor or occupational health services).

### Return to Work Practices and Work Restrictions

HCP who complete the above conditions and can return to work should:

- Wear a facemask at all times while in the healthcare facility until
  - all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
  - 14 days after a positive COVID-19 test in an asymptomatic HCP
  - 14 days have passed since the last exposure without appropriate PPE
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset (or positive COVID-19 test in an asymptomatic HCP)
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

### Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

- HCP should be evaluated by the facilities' occupational health staff to determine appropriateness of earlier return to work than recommended above
- If HCP return to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

For current CDC HCP return to work guidance see: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>